

Frank I. Powers
HARRIS, POWERS & CUNNINGHAM, PLLC
361 E. Coronado Road, Suite 101
Phoenix, AZ 85004

Attorneys for Claimants John and Nancy Mahoney

**UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK**

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In re:	: Chapter 11 Case No.
	:
MOTORS LIQUIDATION COMPANY, <i>et al.</i>,	: 09-50026 (REG)
f/k/a General Motors Corp., <i>et al.</i>	:
	: SUPPLEMENT TO FURTHER
	: SUPPORT CLAIMANTS'
	: CLAIMS
	:
Debtors.	:
	:
-----X	

TO THE HONORABLE ROBERT E. GERBER,
UNITED STATES BANKRUPTCY JUDGE:

On behalf of Claimants John and Nancy Mahoney, Claim 12546, we respectfully submit this Supplement of treatment records to further support Claimants' claims.

Paul W. Sharbo, DDS

As a result of head trauma, Mr. Mahoney sustained numerous broken teeth that required extensive repair. Dr. Sharbo feels as if he has been able to adequately repair the damage to Mr. Mahoney's mouth. Dr. Sharbo also believes that Mr. Mahoney's traumatized teeth could eventually require endodontic treatment. Dr. Sharbo indicated that it would take several more years to learn whether the pulpal tissue will recover or die as a result of trauma Mr. Mahoney received in this collision.

Summary

In summary, Mr. Mahoney suffered blunt force trauma to his head, broken teeth, broken ribs, a cracked sternum, a fractured collar bone, a collapsed lung, a fractured tibia,

pulmonary emboli, and a heart attack resulting in placement of a permanent pacemaker. He has suffered permanent impairment from the collision. Because of an AC separation of the left shoulder, Mr. Mahoney has a noticeable disfigurement and functional disability. Mr. Mahoney will also be on a Coumadin regiment for the rest of his life, and, as such, will be at high risk for complications if he falls. He continues to suffer a significant loss of cognitive skills and memory loss. He also has speech difficulty, along with a loss of clear thought and word finding ability. He describes it as everything feeling "dull." It appears Mr. Mahoney's traumatic brain injury has left him with permanent deficits. Mr. Mahoney's broken teeth required extensive dental repair.

John Mahoney's Updated Medical Specials

John Mahoney

University Medical Center.....	\$ 88,431.49
HealthSouth.....	\$47,097.13
Paul W. Sharbo, DDS.....	<u>\$ 4,345.00</u>
Total.....	<u>\$139,873.62</u>

DATED this 2nd day of November, 2010.

HARRIS, POWERS & CUNNINGHAM, P.L.L.C.

By /s/ Frank I. Powers

Frank I. Powers

361 East Coronado Road, Suite 101

Phoenix, Arizona 85004

Attorneys for Claimants John and Nancy Mahoney

Motors Liquidation Company, *et al.*
Chapter 11 Case No. 09-50026

Index of Exhibits

- Exhibit A Tucson Police Department Accident and Supplemental Reports dated March 11, 2008.
- Exhibit B Tucson Police Department Accident Scene Photographs taken March 11, 2008.
- Exhibit C Crash Data Retrieval File Information dated June 6, 2008.
- Exhibit D Mike Shepson Vehicle Inspection Photographs (Mahoney Vehicle) dated June 5, 2008.
- Exhibit E Mike Shepson Vehicle Inspection Photographs (At Fault Vehicle) dated June 5, 2008.
- Exhibit F Mike Shepson Vehicle Inspection Photographs (Accident Location) dated June 5, 2008.
- Exhibit G Interstate Investigative Services Report and Photographs dated February 26, 2010.
- Exhibit H Complaint - C20101914, *Mahoney v. Coulter Cadillac, et al.*, filed March 11, 2010.
- Exhibit I Certificate on Compulsory Arbitration - C20101914, *Mahoney v. Coulter Cadillac, et al.*, filed March 11, 2010.
- Exhibit J *1999 Cadillac Deville Recalls, Defects, and Problems*, printed from www.autobuyguide.com.
- Exhibit K *Cadillac Recall News*, printed from www.crash-worthiness.com.
- Exhibit L John Mahoney Medical Records (Paul W. Sharbo, DDS.)**
- Exhibit M Nancy Mahoney Medical Records.

EXHIBIT L

JOHN MAHONEY MEDICAL RECORDS

(Paul W. Sharbo, DDS)

Paul W. Sharbo, DDS
6744 E. Broadway
Tucson, AZ 85710
520-298-9771
August 10, 2010

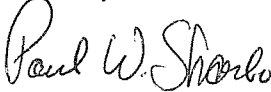
Frank I. Powers
Harris Powers & Cunningham
Post Office Box 13568
Phoenix, AZ 85002-3568

I have enclosed copies of our treatment records and billing statements for John J. Mahoney from February 2008 to the present. I have highlighted on both the dental record and billing statement log the items of care which I believe are related to the accident in March of 2008. These all represent conditions requiring treatment which were not evident in February 2008. For teeth #8, 9, 10, 18 & 11 this means physical breakage. The care required to repair all these teeth except #18 was full crown restoration. Tooth #18 was repaired with a direct filling restoration. For teeth #20 & 21 it indicated dental caries which started while John was recovering from his injuries. In this case the care needed was new direct filling restorations. This may have been due to chipping of restorations which were in the teeth or his inability to maintain adequate dental hygiene through his early recovery period. You will note that tooth #11 was recognized only later as requiring care from the trauma. It was cracked and crazed but didn't start coming apart until later.

Right now it looks as though we have adequately repaired the damage to John's mouth from the accident. However, any of these traumatized teeth could eventually require endodontic treatment from the same trauma. It takes several years to learn whether the pulpal tissues will recover or die after teeth receive severe trauma as John's received in the accident

At this point in time the cost for diagnosis and repair of dental damages caused by the accident is \$4345.00.

Sincerely,


Paul W. Sharbo

ProcdDate	FirstName	Code	Tth	Surf	Procedure	Fee	PtPaid	Adj(C)	Adj(D)	InsPaid	Balance
Total						\$7,642.00	\$4,875.54	-1,082.73	\$9.91	\$3,748.10	
7/8/2003	John	D1110			Prophylaxis - Adult	\$55.00	\$0.00	\$0.00	\$0.00	\$0.00	\$55.00
10/9/2003	John	D0330			Panoramic Film	\$65.00	\$0.00	\$0.00	\$0.00	\$0.00	\$120.00
10/9/2003	John	D1110			Prophylaxis - Adult	\$55.00	\$0.00	\$0.00	\$0.00	\$0.00	\$175.00
1/20/2004	John	D1110			Prophylaxis - Adult	\$68.00	\$0.00	\$0.00	\$0.00	\$0.00	\$243.00
2/3/2004	John	D2335	26	DIFL	Resin Based Composite - 4 Or More S	\$165.00	\$0.00	\$0.00	\$0.00	\$0.00	\$428.00
5/3/2004	John	IP			INS PAID* 2/3/2004 Check #41469	\$0.00	\$0.00	\$0.00	\$0.00	\$76.31	\$351.69
5/3/2004	John	DDADJ			DDADJ*2-3-2004	\$0.00	\$0.00	\$39.61	\$0.00	\$0.00	\$312.08
5/3/2004	John	MSADJ			MTN ST DISC -1-20-04*	\$0.00	\$0.00	\$18.43	\$0.00	\$0.00	\$293.65
5/3/2004	John	IP			INS - 1/20/2004 Check #1470	\$0.00	\$0.00	\$0.00	\$0.00	\$39.66	\$253.99
5/17/2004	John	D1110			Prophylaxis - Adult	\$68.00	\$0.00	\$0.00	\$0.00	\$0.00	\$321.99
5/17/2004	John	0120			PERIODIC ORAL EXAM	\$28.00	\$0.00	\$0.00	\$0.00	\$0.00	\$349.99
6/14/2004	John	IP			Ins* 7/8/2003 Check #1768	\$0.00	\$0.00	\$0.00	\$0.00	\$35.86	\$314.13
6/14/2004	John	IP			Ins* 10/9/2003 Check #1768	\$0.00	\$0.00	\$0.00	\$0.00	\$82.84	\$231.29
6/14/2004	John	UCADJ	FM		UC-DISC-10-9-2003	\$0.00	\$0.00	\$16.45	\$0.00	\$0.00	\$214.84
6/14/2004	John	UCADJ	FM		UC-DISC-7/8/2003	\$0.00	\$0.00	\$10.17	\$0.00	\$0.00	\$204.67
6/24/2004	John	IP			Ins* 5/17/2004 Check #41959	\$0.00	\$0.00	\$0.00	\$0.00	\$58.02	\$146.65
6/24/2004	John	MSADJ			MTN ST DISC - 5-17-2004	\$0.00	\$0.00	\$23.48	\$0.00	\$0.00	\$123.17
7/19/2004	John	CHECK			CHECK PMT-POSTED TO JMM-BAL	\$0.00	\$53.17	\$0.00	\$0.00	\$0.00	\$70.00
7/19/2004	John	CHECK			CHECK PMT* BAL ON PWS FILLING	\$0.00	\$70.00	\$0.00	\$0.00	\$0.00	\$0.00
8/30/2004	John	D1110			Prophylaxis - Adult	\$68.00	\$0.00	\$0.00	\$0.00	\$0.00	\$68.00
9/27/2004	John	JMM/AD			CREDIT FROM NANCY'S ACCOUNT	\$0.00	\$0.00	\$58.09	\$0.00	\$0.00	\$9.91
9/27/2004	John	CHECK			CHECK PMT -PATIENT -THANK YOU	\$0.00	\$9.91	\$0.00	\$0.00	\$0.00	\$0.00
10/18/2004	John	MSADJ			MSADJ-8/30/2004	\$0.00	\$0.00	\$18.43	\$0.00	\$0.00	\$-18.43
10/18/2004	John	IP			Ins 8/30/2004 Check #3777	\$0.00	\$0.00	\$0.00	\$0.00	\$39.66	\$-58.09
11/8/2004	John	D1110			Prophylaxis - Adult	\$68.00	\$0.00	\$0.00	\$0.00	\$0.00	\$9.91
11/8/2004	John	D0274			Bitewings - Four Films	\$38.00	\$0.00	\$0.00	\$0.00	\$0.00	\$47.91
11/8/2004	John	D0120			Periodic Oral Exam	\$28.00	\$0.00	\$0.00	\$0.00	\$0.00	\$75.91
1/3/2005	John	IP			Ins 11/8/2004 Check #MS	\$0.00	\$0.00	\$0.00	\$0.00	\$83.39	\$-7.48
1/3/2005	John	MSADJ			MSADJ-11-08-2004	\$0.00	\$0.00	\$29.77	\$0.00	\$0.00	\$-37.25
2/16/2005	John	D1110			Prophylaxis - Adult	\$68.00	\$0.00	\$0.00	\$0.00	\$0.00	\$30.75
2/16/2005	John	D0120			Periodic Oral Exam	\$28.00	\$0.00	\$0.00	\$0.00	\$0.00	\$58.75
2/16/2005	John	D0220	13		Intraoral - Periapical - First Film	\$20.00	\$0.00	\$0.00	\$0.00	\$0.00	\$78.75
3/3/2005	John	IP	FM		Ins 2/16/2005 *MD/JM	\$0.00	\$0.00	\$0.00	\$0.00	\$82.80	\$-14.05
3/3/2005	John	DEBIT			CREDIT MOVED TO NANCY	\$0.00	\$0.00	\$0.00	\$9.91	\$0.00	\$-4.14
5/10/2005	John	D1110			Prophylaxis - Adult	\$68.00	\$0.00	\$0.00	\$0.00	\$0.00	\$63.86
5/13/2005	John	MAIL	FM		ROA*CK*1/2 CK-JMM-THANK YOU	\$0.00	\$31.86	\$0.00	\$0.00	\$0.00	\$32.00

Patient History for John Mahoney

ProcDate	FirstName	Code	Tth	Surf	Procedure	Fee	PtPaid	Adj(C)	Adj(D)	InsPaid	Balance
5/31/2005	John	ID	FM		INS DENIED - 5-10-05-2 PER YEAR-	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$32.00
8/24/2005	John	D1110			Prophylaxis - Adult	\$68.00	\$0.00	\$0.00	\$0.00	\$0.00	\$100.00
9/6/2005	John	IP			Ins 8/24/2005 *MD/JM	\$0.00	\$0.00	\$0.00	\$0.00	\$54.40	\$45.60
12/5/2005	John	D1110			Prophylaxis - Adult	\$68.00	\$0.00	\$0.00	\$0.00	\$0.00	\$113.60
12/13/2005	John	MAIL			ROA*CK*THANK YOU*JMM Check -	\$0.00	\$45.60	\$0.00	\$0.00	\$0.00	\$68.00
12/22/2005	John	ID	FM		INS DENIED -12/5/05*OVER 2 PER Y	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$68.00
1/18/2006	John	D2750	31		Crown-Porcelain Fused To High Noble	\$850.00	\$0.00	\$0.00	\$0.00	\$0.00	\$918.00
1/18/2006	John	D0230	31		Intraoral - Periapical - Each Add Film	\$15.00	\$0.00	\$0.00	\$0.00	\$0.00	\$933.00
1/24/2006	John	POT			POST OP - TREATMENT	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$933.00
2/1/2006	John	1000	31		PLACEMENT OF PROSTHESIS-NEW	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$933.00
2/3/2006	John	IP	31		Ins 1/18/2006 *DR. LAI	\$0.00	\$0.00	\$0.00	\$0.00	\$412.00	\$521.00
2/7/2006					Statement printed on 2/7/2006	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$521.00
3/9/2006	John	D1110			Prophylaxis - Adult	\$68.00	\$0.00	\$0.00	\$0.00	\$0.00	\$589.00
5/4/2006	John	CHECK			CK-THANK YOU* Check - #9447	\$0.00	\$589.00	\$0.00	\$0.00	\$0.00	\$0.00
6/7/2006	John	D1110			Prophylaxis - Adult	\$68.00	\$0.00	\$0.00	\$0.00	\$0.00	\$68.00
6/26/2006	John	ID			*INS DENIED -DUE TO FREQUENCY	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$68.00
8/28/2006	John	CHECK			CK-THANK YOU* Check - #9567	\$0.00	\$68.00	\$0.00	\$0.00	\$0.00	\$0.00
9/14/2006	John	D1110			Prophylaxis - Adult	\$68.00	\$0.00	\$0.00	\$0.00	\$0.00	\$68.00
9/14/2006	John	D0274			Bitewings - Four Films	\$38.00	\$0.00	\$0.00	\$0.00	\$0.00	\$106.00
9/14/2006	John	D0120			Periodic Oral Exam	\$28.00	\$0.00	\$0.00	\$0.00	\$0.00	\$134.00
9/25/2006					Statement printed on 9/25/2006	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$134.00
9/25/2006	John	IPPT			Insurance Payment for 9/14/2006 Che	\$0.00	\$0.00	\$0.00	\$0.00	\$107.20	\$26.80
12/13/2006	John	D1110			Prophylaxis - Adult	\$71.00	\$0.00	\$0.00	\$0.00	\$0.00	\$97.80
1/30/2007	John	CHECK			CK-THANK YOU* Check - #9702	\$0.00	\$97.80	\$0.00	\$0.00	\$0.00	\$0.00
4/2/2007	John	D1110			Prophylaxis - Adult	\$71.00	\$0.00	\$0.00	\$0.00	\$0.00	\$71.00
4/2/2007	John	D0274			Bitewings - Four Films	\$38.00	\$0.00	\$0.00	\$0.00	\$0.00	\$109.00
4/2/2007	John	D0120			Periodic Oral Exam	\$35.00	\$0.00	\$0.00	\$0.00	\$0.00	\$144.00
4/16/2007	John	IPPT			Insurance Payment for 4/2/2007 Chec	\$0.00	\$0.00	\$0.00	\$0.00	\$35.00	\$109.00
4/16/2007	John	IPPT			Insurance Payment for 4/2/2007 Chec	\$0.00	\$0.00	\$0.00	\$0.00	\$49.80	\$59.20
4/23/2007	John	CHECK			CK-THANK YOU* Check - #9786	\$0.00	\$59.20	\$0.00	\$0.00	\$0.00	\$0.00
8/2/2007	John	D1110			Prophylaxis - Adult	\$71.00	\$0.00	\$0.00	\$0.00	\$0.00	\$71.00
8/7/2007	John	CHECK			CK-THANK YOU* Check - #9884	\$0.00	\$71.00	\$0.00	\$0.00	\$0.00	\$0.00
11/19/2007	John	D1110			Prophylaxis - Adult	\$71.00	\$0.00	\$0.00	\$0.00	\$0.00	\$71.00
11/26/2007	John	CHECK			CK-THANK YOU* Check - #9990	\$0.00	\$71.00	\$0.00	\$0.00	\$0.00	\$0.00
12/3/2007	John	IPPT			Insurance Payment for 11/19/2007 Ch	\$0.00	\$0.00	\$0.00	\$0.00	\$56.80	\$-56.80
2/26/2008	John	D1110			Prophylaxis - Adult	\$71.00	\$0.00	\$0.00	\$0.00	\$0.00	\$14.20
3/19/2008	John	ID			*INS DENIED DUE TO FREQUENCY	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$14.20

Patient History for John Mahoney

ProcDate	FirstName	Code	Th	Surf	Procedure	Fee	PtPaid	Adj(C)	Adj(D)	InsPaid	Balance
3/27/2008	John	CHECK			CK-THANK YOU* Check - #0136	\$0.00	\$14.20	\$0.00	\$0.00	\$0.00	\$0.00
8/28/2008	John	D1110			Prophylaxis - Adult	\$71.00	\$0.00	\$0.00	\$0.00	\$0.00	\$71.00
9/3/2008	John	D0210			FMX-Intraoral-Comp Series	\$120.00	\$0.00	\$0.00	\$0.00	\$0.00	\$191.00
9/3/2008	John	D0120			Periodic Oral Exam	\$35.00	\$0.00	\$0.00	\$0.00	\$0.00	\$226.00
9/15/2008	John	IPPT			Insurance Payment for 9/3/2008 Che	\$0.00	\$0.00	\$0.00	\$0.00	\$118.40	\$107.60
9/15/2008	John	IPPT			Insurance Payment for 8/28/2008 Che	\$0.00	\$0.00	\$0.00	\$0.00	\$56.80	\$60.80
9/23/2008	John	CHECK			CK-THANK YOU* Check - #10318	\$0.00	\$14.20	\$0.00	\$0.00	\$0.00	\$36.60
9/23/2008	John	CHECK			CK-THANK YOU* Check - #10318	\$0.00	\$36.60	\$0.00	\$0.00	\$0.00	\$0.00
9/24/2008	John	D2393	18	DOF	Resin Based Composite-3 Surfaces, F	\$195.00	\$0.00	\$0.00	\$0.00	\$0.00	\$195.00
9/24/2008	John	D2393	20	DOF	Resin Based Composite-3 Surfaces, F	\$195.00	\$0.00	\$0.00	\$0.00	\$0.00	\$390.00
9/24/2008	John	D2392	21	OF	Resin Based Composite-Two Surfaces	\$165.00	\$0.00	\$0.00	\$0.00	\$0.00	\$555.00
10/6/2008	John	D2750	09		Crown-Porcelain Fused To High Noble	\$900.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,455.00
10/6/2008	John	D2750	10		Crown-Porcelain Fused To High Noble	\$900.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,355.00
10/6/2008	John	D2750	08		Crown-Porcelain Fused To High Noble	\$900.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,255.00
10/7/2008	John	IPPT			Insurance Payment for 9/24/2008 Che	\$0.00	\$0.00	\$0.00	\$0.00	\$404.00	\$2,851.00
10/21/2008					Walkout printed on 10/21/2008	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,851.00
10/21/2008	John	POT			*POST OP - TREATMENT	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,851.00
10/21/2008					Statement printed on 10/21/2008	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,851.00
10/21/2008	John	CHECK			CK-THANK YOU* Check - #342	\$0.00	\$2,851.00	\$0.00	\$0.00	\$0.00	\$0.00
11/18/2008	John	IPPT			Insurance Payment for 10/6/2008 Che	\$0.00	\$0.00	\$0.00	\$0.00	\$1,352.16	\$1,352.16
11/24/2008	John	1000	9-11		PLACEMENT OF	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,352.16
11/24/2008	John	REFUNE			Patient Refund/OVER PAYMENT CHE	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
12/17/2008	John	D1110			Prophylaxis - Adult	\$71.00	\$0.00	\$0.00	\$0.00	\$0.00	\$71.00
1/6/2009	John	ID			*INS DENIED -	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$71.00
2/3/2009	John	CHECK			CK-THANK YOU* Check - #0458	\$0.00	\$71.00	\$0.00	\$0.00	\$0.00	\$0.00
3/17/2009	John	D1110			Prophylaxis - Adult	\$71.00	\$0.00	\$0.00	\$0.00	\$0.00	\$71.00
4/1/2009	John	IPPT			Insurance Payment for 3/17/2009 Che	\$0.00	\$0.00	\$0.00	\$0.00	\$56.80	\$14.20
4/20/2009	John	CHECK			CK-THANK YOU* Check - #10533	\$0.00	\$14.20	\$0.00	\$0.00	\$0.00	\$0.00
7/15/2009	John	D1110			Prophylaxis - Adult	\$71.00	\$0.00	\$0.00	\$0.00	\$0.00	\$71.00
7/15/2009	John	D0120			Periodic Oral Exam	\$35.00	\$0.00	\$0.00	\$0.00	\$0.00	\$106.00
7/20/2009	John	D2750	11		Crown-Porcelain Fused To High Noble	\$900.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,006.00
7/20/2009	John	D0220	11		Intraoral - Periapical - First Film	\$35.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,041.00
7/27/2009	John	ID			*INS DENIED -	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,041.00
7/27/2009	John	IPPT			Insurance Payment for 7/15/2009 Che	\$0.00	\$0.00	\$0.00	\$0.00	\$23.20	\$1,017.80
7/27/2009	John	INSADJ			INSURANCE ADJUSTMENT	\$0.00	\$0.00	\$6.00	\$0.00	\$0.00	\$1,011.80
8/10/2009	John	1000	11		PLACEMENT OF	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,011.80
8/13/2009	John	INSADJ			INSURANCE ADJUSTMENT	\$0.00	\$0.00	\$19.00	\$0.00	\$0.00	\$992.80

Patient History for John Mahoney

ProcDate	FirstName	Code	Tth	Surf	Procedure	Fee	PtPaid	Adj(C)	Adj(D)	InsPaid	Balance
8/13/2009	John	IPPT			Insurance Payment for 7/20/2009 Che	\$0.00	\$0.00	\$0.00	\$0.00	\$12.80	\$980.00
8/18/2009	John	IPPT			Insurance Payment for 7/20/2009 Che	\$0.00	\$0.00	\$0.00	\$0.00	\$425.00	\$555.00
9/1/2009	John	CHECK			CK-THANK YOU* Check - #10684	\$0.00	\$484.00	\$0.00	\$0.00	\$0.00	\$71.00
9/1/2009	John	CHECK			CK-THANK YOU* Check - #10684	\$0.00	\$71.00	\$0.00	\$0.00	\$0.00	\$0.00
10/20/2009	John	D1110			Prophylaxis - Adult	\$71.00	\$0.00	\$0.00	\$0.00	\$0.00	\$71.00
11/12/2009	John	INSADJ			INSURANCE ADJUSTMENT	\$0.00	\$0.00	\$13.00	\$0.00	\$0.00	\$68.00
11/12/2009	John	IPPT			Insurance Payment for 10/20/2009 Ch	\$0.00	\$0.00	\$0.00	\$0.00	\$46.40	\$11.60
11/10/2009	John	CHECK			CK-THANK YOU* Check - #0741	\$0.00	\$11.60	\$0.00	\$0.00	\$0.00	\$0.00
11/27/2010	John	D1110			Prophylaxis - Adult	\$71.00	\$0.00	\$0.00	\$0.00	\$0.00	\$71.00
2/1/2010	John				Statement printed on 2/1/2010	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$71.00
2/1/2010	John	ID			*INS DENIED -	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$71.00
2/18/2010	John	CHECK			CK-THANK YOU* Check - #1077	\$0.00	\$71.00	\$0.00	\$0.00	\$0.00	\$0.00
3/17/2010	John	D0274			Bitewings - Four Films	\$45.00	\$0.00	\$0.00	\$0.00	\$0.00	\$45.00
3/31/2010	John	INSADJ			Statement printed on 3/31/2010	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$45.00
3/31/2010	John	IPPT			INSURANCE ADJUSTMENT	\$0.00	\$0.00	\$9.00	\$0.00	\$0.00	\$36.00
4/8/2010	John	CHECK			Insurance Payment for 3/17/2010 Che	\$0.00	\$0.00	\$0.00	\$0.00	\$28.80	\$7.20
4/14/2010	John	D1110			CK-THANK YOU* Check - #1143	\$0.00	\$7.20	\$0.00	\$0.00	\$0.00	\$0.00
5/18/2010	John				Prophylaxis - Adult	\$71.00	\$0.00	\$0.00	\$0.00	\$0.00	\$71.00
5/18/2010	John	ID			Statement printed on 5/18/2010	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$71.00
5/18/2010	John	INSADJ			*INS DENIED -	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$71.00
5/25/2010	John	CHECK			INSURANCE ADJUSTMENT	\$0.00	\$0.00	\$8.00	\$0.00	\$0.00	\$63.00
8/4/2010	John	D1110			CK-THANK YOU* Check - #1173	\$0.00	\$63.00	\$0.00	\$0.00	\$0.00	\$0.00
8/4/2010	John				Prophylaxis - Adult	\$71.00	\$0.00	\$0.00	\$0.00	\$0.00	\$71.00
8/4/2010	John	D0120			Periodic Oral Exam	\$40.00	\$0.00	\$0.00	\$0.00	\$0.00	\$111.00

Patient History for John Mahoney

DATE	NO.	SERVICES RENDERED	DEBIT	DR.	DATE	NO.	SERVICES RENDERED	DEBIT	NO.
10-22-09		Collect puppy w/ flz	71-						
		Med. care. Mand. and flz							
		Gen 3-6 w/ problem dep							
1-29-10		Adult puppy w/ flz	21						
		No changes to med. flz							
		Med. care. Mand. and post							
		of Max. New better guideline							
		breeding							
3/15/10		2 nd med. - ? over in 3 weeks							
		would let black paws to leaving	40-45						
3/17/10		1st box Exam - no flz	not						
		second 3 months interval	271						
4-14-10		Adult puppy w/ flz	71-						
		Med. care / plague - rev.							
		better guideline breeding.							
		Gen 3-6 w/ problem dep							
		one change to med. flz							
8-4-10		Adult puppy w/ flz	71-						
		No changes to med. flz							
		Med. care. Mand. and. Med. plague.							
		Gen 3-6 w/ problem - Dr. Sheno							
		did exam - No sig. findings							

CITY _____ STATE _____ ZIP _____
CMT OF DIAGNOSIS TO BE SENT _____
DATE _____

MEDICAL HISTORY — SUMMARY

General Health _____

Existing Illness _____

Medicine/Drugs _____

Allergies _____

DENTAL HISTORY — SUMMARY

Attitude _____

Home Care _____

CLINICAL DATA

General Condition of Teeth _____ Stains _____ Abrasions _____
 Plaque _____
 Condition of Present Restorations _____ Contact Points _____
 Overhangs _____
 Inflammation of Gingival Tissue: Slight _____ Moderate _____ Severe _____
 Color _____ Recession _____ Pockets _____
 Condition of the Floor of Mouth _____
 Palate: Hard _____ Soft _____ Cheeks _____ Lips _____
 Firmum _____ Tongue _____
 Presence of Exudate _____ Areas of Food Retention _____ Saliva _____
 Calculus: Slight _____ Moderate _____ Excessive _____
 TMJ _____ Neck _____ Occlusion _____
 Results of X-ray: Bone _____ Root Tips _____ Impactions _____
 Supernumerary _____ Abscesses _____

the fact that the two groups were not matched for age or sex. The mean ages of the two groups were 36.5 years (SD = 10.5) and 37.5 years (SD = 10.5), respectively. The mean number of children was 1.5 (SD = 1.0) and 1.6 (SD = 1.0), respectively. The mean number of visits was 1.5 (SD = 1.0) and 1.6 (SD = 1.0), respectively. The mean duration of the study was 1.5 years (SD = 1.0) and 1.6 years (SD = 1.0), respectively. The mean duration of the study was 1.5 years (SD = 1.0) and 1.6 years (SD = 1.0), respectively.

DATE	NO.	SERVICES RENDERED	DEBIT	DR.	DATE	NO.	SERVICES RENDERED	DEBIT	NO.
9/03/08		Exam + PMX - note thrombosis posterior of teeth 9, 10 + 11 which was not present 2/26/08 also - exam mgs at 8 + 9 recent series on 20 + 21 plan to do in exam for 9, 10 + 11 - added file review (D) 9/24/08 #18 shipped. top. 1.7cc 2nd did - see 1:10k black - 208 see all along along facial margin slower at 1, 18, 19, 20, 21 1 PPT 2393 30 necrosis - DFTO - delta 2323 31 necrosis F + D delta 2372			11/24/08	#8, 9, +10 Contact PTO exam = segi can Disinfectant allergy Adapt propriety w/ flz 71- no changes to need the per pt. se calt wound and ling - therapy pleague seen - see better granuloma bushy - Gen 3-6 mm probing (3) 3000 Adapt propriety w/ flz 71- no changes to need the per pt. Gen Med Pleague - mod calt wound Gent. Gen 3-6 mm probing see better granuloma bushy to pt. 25 specialer linguals. At 3000 Adapt propriety w/ flz 71- no changes to need the per pt. mod pleague granuloma - 3-6 mm probing deeper. Exam w/ 01. Sharbo Exam. #11 Crown. (3) 3000 AX #11 multirooted abutments on lateral abutment - 1st, top 1.7cc 2325 3/4 Qd. = see 1:10k Uite B2 for I + mid 13s + A2 for 6 1/2 Rep, (Alphie) Imp, 8 Imp = 10mm NE R 4 Gibson #11 a bit + can PTO on - 23505			
10/06/08		Uite A2 1 B2 30 #29 facial bone top. 1.7cc 2nd Add see 1:10k - See + some old exam - 8 + 9 near Splinted splints had to be replaced B-10 Splint - defects - remove 10 exam defeta - remove - re pup 8, 9, +10 Regional Change - Pimp - Tanner we R to Gibson 10/21/08 8, 9, +10 exam - try in - + 10 lts well but is bulky #8 + 9 do not fit pupa - Retchu Imp + return to lab - 5 See 9, 10, +11			8/10/05	#11 a bit + can PTO on - segi can Roid 200a from me. concerned w/ 11 could be observing 112 not able to			

LAST NAME Mahoney FIRST NAME John SPOUSE'S FIRST NAME _____ HOME PHONE _____ PATIENT NUMBER _____

ADDRESS _____ PHYSICIAN'S NAME AND PHONE NUMBER _____ DATE OF EXAMINATION _____

CITY _____ STATE MO ZIP _____ COPY OF DIAGNOSIS TO BE SENT _____ BIRTHDATE _____ AGE _____

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

MEDICAL HISTORY — SUMMARY
General Health _____
Existing Illness _____
Medicine/Drugs _____
Allergies _____

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

DENTAL HISTORY — SUMMARY
Attitude _____
Home Care _____

CLINICAL DATA

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

General Condition of Teeth _____
Plaque _____ Stains _____ Abrasions _____
Condition of Present Restorations _____
Overhangs _____ Contact Points _____
Inflammation of Gingival Tissue: Slight _____ Moderate _____ Severe _____
Color _____ Recession _____ Pockets _____
Condition of the Floor of Mouth _____

32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

Primary Teeth

MOLD & SHADE

a	b	c	d	e	f	g	h	i	j	k
V	IV	III	II	I	I	II	III	IV	V	

TEETH	Upper	Lower
Centrals		
Laterals		
Cusps		
Posterior		

X-Rays	Study Models
Photographs	Clinical Exam
Vitality Test	Mobility

E	D	C	B	A	A	B	C	D	E
I	S	T	Q	P	O	N	M	L	K

Habits — Thumb or finger sucking _____
Occlusion: _____
Spaces or missing teeth: _____
Orthodontics required: Yes No Date _____
Remarks: _____

IDENT ALLOY CERTIFICATE

The manufacturer certifies that the dental casting alloy provided to the laboratory with this certificate is a High-Noble Alloy. The laboratory certifies that High-Noble alloy was used to fabricate this prosthesis.

ALLOY	MANUFACTURER	COMPOSITION
ARGEDENT 75	THE ARGEN CORPORATION	Au 75.1% Pd 12.0% Ag 10.0% In 1.8% Sn 1.0% Ir X%

Dentist Certificate

will be going on attention next course 3-05
prostate cancer 08
son and sons of visiting son 3-09

Cheeks _____ Lips _____
Tongue _____ Saliva _____
Occlusion _____ Excessive _____
Impactions _____
Sockets _____

DATE	NO.	SERVICES RENDERED	DEBIT	DR.	DATE	NO.	SERVICES RENDERED	DEBIT	NO.
9/9/06		Dr. S Rev. Medbr. 0.0 Δ			4/2/07		Rev. Medbr. 0.0 Δ		
		Adult poph. 5 FI. IX. 68					Adult poph. 5 FI. IX. 71		
		Gen. 3-4 mm pocket					Gen. 3-6 mm pocket		
		UR 4-6 mm pocket					deaths. Titan. Tropical		
		deaths. Tropical A. 2 Titan.					3 no maint.		
9/7/06		3 no maint. Blat. Exon. (MD)			8/2/07		Rev. Medbr. 0.0 Δ		
		Rev. Medbr. 0.0 Δ					Adult poph. 5 FI. IX. 71		
		Adult poph. 5 FI. IX. 68					Gen. 3-6 mm pocket		
		Gen. 3-6 mm pocket					deaths. Titan. (MD)		
		deaths. Dilateral					3 no maint.		
		Too LC - Linp			11/19/07		Rev. Medbr. 0.0 Δ		
		slight is inc. tested.					Adult poph. 5 FI. IX. 71		
		Rec. wdm salt water					Gen. 3-6 mm pocket		
		insects. (MD)					deaths. Titan. (MD)		
		3 no maint. Blat. Exon.					3 no maint.		
7/4/06		Rev. Medbr. 0.0 Δ			8/26/08		Rev. Medbr. 0.0 Δ		
		Adult poph. 5 FI. IX. 68					Adult poph. 5 FI. IX. 71		
		Gen. 3-6 mm pocket					Gen. 3-6 mm pocket		
		deaths. Gen. mang.					deaths. Titan. (MD)		
		plague. OH. 48 hrs +					3 no maint. Blat. Exon.		
		3 no maint. Dr. S (MD)			8/17/08		on comm. line wants to hang		
		3 no maint.					any for Julian Argiens		
		3 no maint.					Red severe cuts accident		
1/13/06		Dr. S					in Feb is recovering		
		Rev. Medbr. 0.0 Δ			8-28-08		Adult poph. w/ FI. 71		
		Adult poph. 5 FI. IX. 71					Exon w/ Dr. S. train 5-1000 5m		
		Gen. 3-6 mm pocket					Gen. 3-5+ mm probing + mod. Red blood and.		
		deaths. Tropical A. 2.					FINX - 1/1/09		
		Titan. (MD)					3 no maint.		
		3 no maint.					3 no maint.		

PATIENT NAME Manolly FIRST NAME John SPOUSE'S FIRST NAME _____
 ADDRESS _____ PHYSICIAN'S NAME AND PHONE NUMBER _____
 CITY _____ STATE _____ ZIP _____ COPY OF DIAGNOSIS TO BE SENT _____ BIRTHDATE _____ AGE _____

1															
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15															
16															

MEDICAL HISTORY — SUMMARY

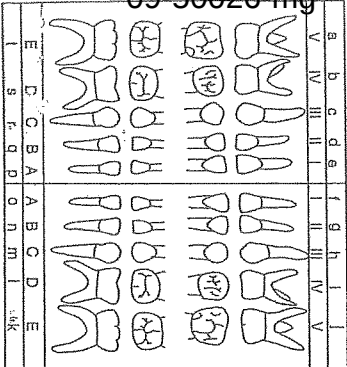
General Health _____
 Existing Illness _____
 Medicine/Drugs _____
 Allergies _____

DENTAL HISTORY — SUMMARY

Attitude _____
 Home Care _____

CLINICAL DATA

General Condition of Teeth _____ Stains _____ Abrasions _____
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 Frenum _____ Tongue _____ Ridges _____
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 Calculus: Slight _____ Moderate _____ Excessive _____
 TMJ _____ Neck _____ Occlusion _____
 Results of X-ray: Bone _____ Root Tips _____ Impactions _____
 Supernumerary _____ Abscesses _____



Primary Teeth

MOLD & SHADE

TEETH	Upper	Lower
Centrals		
Laterals		
Cuspidals		
Posteriors		

Habits — Thumb
 or finger sucking
 Occlusion:

Spaces or missing teeth:

Orthodontics required: Yes No Date

Remarks:

3-05 Serious Can Accident - Weekly dried - many broken bones
 was a Chicago police officer 30 yrs.